

Well Name _____



DEPARTMENT OF MINES, MINERALS AND ENERGY
DIVISION OF GAS AND OIL

P.O. BOX 1416
ABINGDON, VA 24210
(276) 676-5423

GEOHERMAL FLUID MONITORING REPORT

The undersigned well operator submits this fluid analysis for the year _____

WELL NUMBER: _____

WELL OPERATOR: _____

GEOHERMAL AREA: _____

FLOW POINT AT WHICH SAMPLE TAKEN: _____

DATE SAMPLE COLLECTED: _____

TIME SAMPLE COLLECTED: _____

FIRM PERFORMING CHEMICAL ANALYSIS: _____

DATE OF CHEMICAL ANALYSIS: _____

ANALYTICAL METHOD USED: _____

RESULTS OF ANALYSIS (attach copy of laboratory report):

WELL OPERATOR _____

BY _____

ITS _____

ADDRESS _____

TELEPHONE _____